DAIDS Network Conference Call
October 15, 2003
2:30 pm EST/11:30am PST
Telephone Conference Call: 1-888-889-2040
Pass code: 36388
Final Summary

Dr. Tramont welcomed the group. Everyone on the call (DAIDS staff and Networks) introduced themselves.

> **The Goal of Network Leadership Conference Calls** is to improve effectiveness, efficiency and transparency by facilitating Communication and Network Leadership involvement in Network operations and policy.

15 October Topics

(a)   Review and approve minutes from September 15th meeting in New York – *Group will provide feedback directly to DAIDS by **Friday, October 17th**.*

(b)   Review timeline for RFA

October 2001-	Network meeting (Seattle)
April 2003 _	DAIDS Program retreat
June 2, 2003 –	Network Meeting (Washington, D.C.)
September 17, 2003 –	Network Meeting (New York)
September 29, 2003 –	ARAC Meeting (Washington, D.C.)
October 15, 2003 –	Network conference call
November 12, 2003 –	Network conference call
December 2003 -	Consultations/Community Meeting (A/PACTG Meeting 12/6-9/03)
Dec. 2003 - May 2004	follow-up Meetings as necessary - **tentative**
January 2004 –	ARAC – Draft Concept
May 2004 –	ARAC Full Concept
June – July 2004 –	Finalize draft of RFA
Fall 2004 –	RFA Release

Fall 2004 (FY2005) – Earliest release will be Fall 2004 and DEA will phase out the others shortly thereafter.

(c)   Review list of areas of operational integration identified as potential working groups, developing pilot programs
        a. Laboratories (safety, virology, immunology, diagnostic, QC)
        b. Specimen management (storage, shipping)
        c. Support training: GCP, OHRP, QA/QC, regulatory, project management, AE reporting
        d. Cross Network Meetings

The above list is fine but perhaps we need a less fragmented approach.
Have 6-10 Regional Centers of Excellency.   Operationally, determine where we would want to put resources and then relate to infrastructure.

Develop Core Modules of Support as needed for certain studies.

Perhaps start at 5 centers and scale up.

Should we define the science first – develop individual programs with some commonalities?

Develop a regional center which becomes a hub for mini sites. Provide infrastructure for other sites. Have individual programs with some commonalities.

These Centers should function very much like US sites. They should include clinical and research PIs. Each capability should be at each site.

Centers of Excellence are a critical mass of individuals in a localized place who function at a scientific level.

Centers should be "pluripotent" They should be centralized resources of lab and clinical training.

Use a "grid" to come up with scientific agenda which include collaborations with ACTG domestically and VTN, PTN sites internationally.

Domestic Overlap: PACTG & AACTG (5175, 5190)

International Sites: Build Infrastructure, See Patients, Coordinate Data Monitoring South Africa, Eastern Europe,2 Centers in SE Asia ESPRIT

(c)   *Brief discussion of ARAC Recommendations – attached with agenda*
(d)   *NIH Roadmap – Homogenize Clinical Research across NIH*
          150 M Tap

(d)   Future conference calls
                a. Wednesday, November 19, 2003 @ 2:30 p.m.

Summary:

The Network Leadership agrees that scientific integration should begin with the development of research sites with pluripotent capabilities. Integration should be along laboratories, specimen management, support training, and network meetings. DAIDS will facilitate a face to face meeting bringing network leadership together within the concept of a Center of Excellence instead of a working group.   At the moment the core group at this meeting will be the Network leadership and later DAIDS invite international/country leaders for input.

Action Items

       October 15, 2003 minutes to go out ASAP
       DAIDS to send info on NIH Roadmap
       November 19, 2003 Agenda